

Fill in this information to identify the case:

Debtor name _____
United States Bankruptcy Court for the: _____ District of _____
(State)
Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

☐ Operating a business
☐ Other _____

\$ _____

For prior year:

From _____ to _____
MM / DD / YYYY MM / DD / YYYY

☐ Operating a business
☐ Other _____

\$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY MM / DD / YYYY

☐ Operating a business
☐ Other _____

\$ _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

_____ \$ _____

For prior year:

From _____ to _____
MM / DD / YYYY MM / DD / YYYY

_____ \$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY MM / DD / YYYY

_____ \$ _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name Street City State ZIP Code Relationship to debtor		\$	
4.2. Insider's name Street City State ZIP Code Relationship to debtor		\$	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name Street City State ZIP Code			\$ _____
5.2. Creditor's name Street City State ZIP Code			\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$ _____
Last 4 digits of account number: XXXX- ____			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Case number		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Case title Case number		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Custodian's name and address	Description of the property	Value
 Custodian's name Street City State ZIP Code	 Case title Case number Date of order or assignment	 \$ Court name and address Name Street City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name Street City State ZIP Code Recipient's relationship to debtor	 	 	 \$
9.2. Recipient's name Street City State ZIP Code Recipient's relationship to debtor	 	 	 \$

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
 	 	 	 \$

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<div>_____</div> <div>Address</div> <div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div> <div>Email or website address</div> <div>_____</div> <div>Who made the payment, if not debtor?</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<div>_____</div>	\$ _____

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	<div>_____</div> <div>Address</div> <div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div> <div>Email or website address</div> <div>_____</div> <div>Who made the payment, if not debtor?</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<div>_____</div>	\$ _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
<div>_____</div> <div>Trustee</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<div>_____</div>	\$ _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
Address			
Street _____			

City _____	State _____	ZIP Code _____	
Relationship to debtor			

13.2. _____	_____	_____	\$ _____
Address			
Street _____			

City _____	State _____	ZIP Code _____	
Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
Street _____		

City _____	State _____	ZIP Code _____
14.2. _____	_____	_____
Street _____		

City _____	State _____	ZIP Code _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.1.

Facility name _____

Street _____

City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____**How are records kept?**

Check all that apply:

- ☐ Electronically
- ☐ Paper

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.2.

Facility name _____

Street _____

City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____**How are records kept?**

Check all that apply:

- ☐ Electronically
- ☐ Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- ☐ No
- ☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.

- ☐ Yes. Fill in below:

Name of plan**Employer identification number of the plan**

EIN: _____ - _____

Has the plan been terminated?

- ☐ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$_____
18.2.	<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$_____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<div>Address</div> <div>_____</div> <div>_____</div>		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<div>Address</div> <div>_____</div> <div>_____</div>		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Description of the property	Value
Name _____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	\$ _____ _____ _____ _____ City State ZIP Code

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No
- ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____ _____ City State ZIP Code	Name _____ Street _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____ City State ZIP Code	Name _____ Street _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code	_____ _____ _____ _____ City State ZIP Code

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____		
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

25.1.	Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ - ____ Dates business existed From _____ To _____
25.2.	Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ - ____ Dates business existed From _____ To _____
25.3.	Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ - ____ Dates business existed From _____ To _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	From _____ To _____

Name and address	Dates of service
26a.2. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

Name and address

26d.2.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☐ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

_____ \$ _____

Name and address of the person who has possession of inventory records

27.1.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

Debtor _____
Name

Case number (if known) _____

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any
interest

% of interest, if any

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☐ Yes. Identify below.

Name

Address

Position and nature of
any interest

Period during which
position or interest was
held

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☐ Yes. Identify below.

Name and address of recipient

Amount of money or
description and value of
property

Dates

Reason for
providing the value

30.1.

Name

Street

City

State

ZIP Code

Relationship to debtor

Debtor

Curae Health, Inc.

Name

Case number (if known) 18-05665

Name and address of recipient

15,305.69

Various

Salary

30.2

Sarah Moore

Name

111 Lynnview Dr

Street

Knoxville

City

TN

State

37918

ZIP Code

Relationship to debtor

Secretary

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _ _ _ - _ _ _ _ _

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _ _ _ - _ _ _ _ _


Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/21/2018
MM / DD / YYYY

x 
Signature of individual signing on behalf of the debtor

Printed name

Stephen N. Clapp

Position or relationship to debtor

President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No☒ Yes

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

In re:)	
)	Chapter 11
Curae Health, Inc., <i>et al.</i> ¹)	Case No. 18-05665
)	
1721 Midpark Road, Suite B200)	Judge Walker
Knoxville, TN 37921)	
Debtors.)	Jointly Administered

Part 2, Number 3

	Creditor's name	Creditors Address	Dates	Total Amount or Value	Reasons for payment or Transfer
3.1	BLUE CROSS OF TN	1.2 ONE CAMERON HILL CIRCLE CHATTANOOGA, TN 37402	Various	2,338,406.79	Services
3.2	MEDHOST	2739 MOMENTUM PLACE CHICAGO, IL 60689	Various	1,125,000.00	Suppliers or Vendors
3.3	CHARLES SCHWAB	12401 Research Blvd Bldg 2, AUSA-03- 100, Austin, TX 78759	Various	968,942.68	Services
3.4	DIVISION OF MEDICAID	OFFICE OF ACCOUNTING 550 HIGH STREET, SUITE 1000 JACKSON, MS 39201	Various	940,299.00	Services
3.5	AFCO	5600 NORTH RIVER ROAD SUITE 400 ROSEMONT, IL 60018	Various	504,799.20	Services
3.6	STRATEGIC HEALTHCARE RESOURCES*	121 LEINART ST. CLINTON, TN 37716	Various	490,978.58	Services
3.7	SERVISFIRST	850 Shades Creek Parkway, Suite 200 Birmingham, AL 35209	Various	395,994.70	Secured Debt
3.8	AMERICAN EXPRESS	PO BOX 650448 DALLAS, TX 75265	Various	358,967.07	Services
3.9	CHS	ATTN.: TWILA SMITH 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067	Various	334,002.00	Secured Debt
3.10	STATE OF ALABAMA MEDICAID	50 North Ripley Street, Montgomery, AL 36132	Various	330,906.75	Services
3.11	LIFEPOINT CORPORATE SERVICES	LIFEPOINT HOSPITALS 330 SEVEN SPRINGS WAY BRENTWOOD, TN 37027	Various	309,605.57	Services

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are Curae Health, Inc. (5638); Amory Regional Medical Center, Inc. (2640); Batesville Regional Medical Center, Inc. (7929); and Clarksdale Regional Medical Center, Inc. (4755); Amory Regional Physicians, LLC (5044); Batesville Regional Physicians, LLC (4952); Clarksdale Regional Physicians, LLC (5311).

3.12	POLSINELLI PC	One Atlantic Center, 1201 W Peachtree St NE #1100, Atlanta, GA 30309	Various	227,904.00	Services
3.13	EGERTON MCAFEE ARMISTEAD & DAV	PO BOX 2047 KNOXVILLE, TN 37901	Various	225,108.00	Services
3.14	ATHENA HEALTH	311 ARSENAL ST. WATERTOWN, MA 02472	Various	205,391.08	Services
3.15	MUTUAL OF OMAHA	PAYMENT PROCESSING CENTER PO BOX 2147 OMAHA, NE 68103	Various	185,463.88	Suppliers or Vendors
3.16	CHCT MISSISSIPPI, LLC	PO BOX 305172, DEPT. 123 NASHVILLE, TN 37230	Various	150,364.69	Services
3.17	BAKER DONELSON	PO BOX 190613 NASHVILLE, TN 37219	Various	145,036.57	Services
3.18	DELTA DENTAL OF TN	PO BOX 605172 DEPT 35 NASHVILLE, TN 37230	Various	110,361.35	Services
3.19	MAG MUTUAL INSURANCE COMPANY	PO BOX 52979 ATLANTA, GA 30355	Various	108,236.00	Services
3.20	TRUVEN HEALTH ANALYTICS	39353 TREASURY CENTER CHICAGO, IL 60694	Various	105,791.00	Services
3.21	3M HEALTH INFORMATION SYSTEMS	DEPT. 0881 PO BOX 120881 DALLAS, TX 75312	Various	85,510.40	Suppliers or Vendors
3.22	MIDPARK KNOXVILLE, LLC	C/O EMERSONS COMMERCIAL MANAGEMENT 17776 PRESTON ROAD, STE 100 DALLAS, TX 75252	Various	84,444.39	Suppliers or Vendors
3.23	GLASS RATNER/B.RILEY FINANCIAL CO.	3445 Peachtree Rd NE #1225, Atlanta, GA 30326	Various	82,209.44	Services
3.24	POLESTAR	412 JEFFERSON PARKWAY, STE 202 LAKE OSWEGO, OR 97035	Various	79,059.46	Suppliers or Vendors
3.25	CATE-RUSSELL INSURANCE	415 HIGH STREET MARYVILLE, TN 37804	Various	67,277.84	Services
3.26	MEDHOST DIRECT	2739 MOMENTUM PLACE CHICAGO, IL 60689	Various	64,980.92	Suppliers or Vendors
3.27	ECLINICALWORKS LLC	PO BOX 847950 BOSTON, MA 02284	Various	60,942.07	Suppliers or Vendors
3.28	SUN LIFE FINANCIAL	PO BOX 7247-7184 PHILADELPHIA, PA 19170	Various	58,675.79	Services
3.29	CDW GOVERNMENT, INC	75 REMITTANCE DR. SUITE 1515 CHICAGO, IL 60675	Various	40,942.33	Services
3.30	PGN TECHNOLOGIES, LLC	P.O. BOX 231 LOUISVILLE, TN 37777	Various	36,887.71	Services
3.31	YOURCAREUNIVERSE INC	2739 MOMENTUM PLACE CHICAGO, IL 60689	Various	34,629.51	Suppliers or Vendors
3.32	KRONOS	PO BOX 743208 ATLANTA, GA 30374	Various	34,520.00	Suppliers or Vendors
3.33	CHSPSC, LLC	ATTN.: TWILA SMITH 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067	Various	33,317.34	Services
3.34	FIDELITY SECURITY LIFE INSURAN	PO BOX 632530 CINCINNATI, OH 45263	Various	29,176.31	Services
3.35	VAR TECHNOLOGY FINANCE	PO BOX 790448 ST. LOUIS, MO 63179	Various	23,002.89	Suppliers or Vendors
3.36	COULTER & JUSTUS P.C.	9717 COGDILL ROAD KNOXVILLE, TN 37932	Various	19,535.00	Services

3.37	CBRE, INC.	ATTN.:BANK OF AM LOCKBOX SERVICES PO BOX 281620, LOCATION CODE 4613 ATLANTA, GA 30384	Various	19,500.00	Services
3.38	HEALTH STREAM INC.	PO BOX 102817 ATLANTA, GA 30368	Various	18,956.03	Services
3.39	EPSTEIN BECKER GREEN, P.C.	1 GATEWAY CENTER 13TH FLOOR NEWARK, NJ 07102	Various	15,400.00	Services
3.40	SMITH, PHILLIPS, MITCHELL, SCO	PO DRAWER 1586 695 SHAMROCK DR. BATESVILLE, MS 38606	Various	15,000.00	Services
3.41	CHANGE HEALTHCARE SOLUTIONS, L	PO BOX 572490 MURRAY, UT 84157	Various	14,192.12	Services
3.42	TRINISYS	PO BOX 2212 BRENTWOOD, TN 37024	Various	12,500.00	Services
3.43	RING CENTRAL	RINGCENTRAL INC DEPT CH 19585 PALATINE, IL 60055	Various	11,355.93	Services
3.44	IN10SITY INTERACTIVE, LLC	14488 OLD STAGE ROAD LENOIR CITY, TN 37772	Various	10,568.00	Services
3.45	HS2 SOLUTIONS, INC.	2100 MANCHESTER RD., STE 1750 WHEATON, IL 60187	Various	8,445.00	Services
3.46	MEDITRACT	TRACTMANAGER, INC.-DEPT#2632 PO BOX 11407 BIRMINGHAM, AL 35246	Various	7,200.00	Services
3.47	BRIGHTREE LLC	1735 NORTH BROWN ROAD SUITE 500 LAWRENCEVILLE, GA 30043	Various	6,522.00	Suppliers or Vendors

Part 13, Number 25

25.1	Batesville Regional Medical Center, Inc. 303 Medical Center Dr. Batesville, MS 38606	Hospital	81-4067929	5/1/17 - Presently owned
25.2	Amory Regional Medical Center, Inc. 1105 Earl Frye Blvd. Amory, MS 38821	Hospital	81-4072640	5/1/17 - Presently owned
25.3	Clarksdale Regional Medical Center, Inc. 1970 Hospital Dr. Clarksdale, MS 38614	Hospital	81-5064755	11/1/17 - Presently owned
25.4	Amory Regional Physicians, LLC 1107 Earl Frye Blvd, Suite 6 Amory, MS 38821	Physician Entity	38-4025044	5/1/17 - Presently owned
25.5	Batesville Regional Physicians, LLC 255 Medical Center Dr, Suite A Batesville, MS 38606	Physician Entity	38-4024952	5/1/17 - Presently owned

25.6	Clarksdale Regional Physicians, LLC 580 Friars Point Road Clarksdale, MS 38614	Physician Entity	30-0965311	11/1/17 - Presently owned
25.7	Lakeland Community Hospital Inc 42030 Highway 195 East Haleyville, AL 35565	Hospital	47-2367677	November 2014 - March 2018
25.8	Northwest Medical Center Inc 1530 US Highway 43 Winfield, AL 35594	Hospital	32-0453405	November 2014 - May 2018
25.9	Russellville Hospital Inc 15155 Highway 43 NE Russellville, AL 35653	Hospital	47-2378825	November 2014 - Present
25.10	Lakeland Physicians LLC 42030 Highway 195 East Haleyville, AL 35565	Physician Practices	47-2497292	November 2014 - March 2018
25.11	NWMC Winfield Physicians LLC 1530 US Highway 43 Winfield, AL 35594	Physician Practices	47-2498379	November 2014 - May 2018
25.12	Russellville Physicians LLC 15155 Highway 43 NE, Russellville, AL 35653	Physician Practices	47-2497573	November 2014 - Present
25.13	NW Alabama Real Estate LLC 121 Leinart St. Clinton, TN 37716	Real Estate	47-2497418	November 2014 - Present

Part 13, Number 26

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.			
	Name and Address	Dates of Service From	Dates of Service To
26a.1	Tim Brown, CFO	12/1/2014	Present
26a.2	Scott Tongate, CFO	5/1/2016	1/1/2017
26a.3	Steve Horton, Director of Acct.	11/1/2015	Present
26a.4	Glenn McGuire, Director of Acct.	8/1/2016	6/1/2018
26a.5	Steven Kyle, Acct. Mgr	2/1/2015	Present
26a.6	Sandy Bumbalough, Staff Acct.	11/1/2015	Present
26a.7	Lisa Scott, Director of Reimbursement	1/1/2018	Present
26a.8	Chelsea Foster, Staff Acct.	6/1/2017	9/1/2018

26a.9	Josh Hall, Staff Acct.	9/1/2016	12/1/2016
26a.10	Claire Hawthorne , Staff Acct.	1/1/2018	6/1/2018

Part 13, Number 28

	Name	Address	Position and nature of any interest	% of interest, if any
28.1	Steve Clapp	702 Riverbend Rd. Clinton, TN 37716	President	NA
28.2	Tim Brown	8612 Washington Pike Corryton, TN 37721-3414	Treasurer	NA
28.3	Sarah Moore	111 Lynnview Dr Knoxville, TN 37918	Secretary	NA
28.4	Joseph Dawson	1945 Camden Dr. Maryville, TN 37803	Board Chairman	NA
28.5	James Decker	1908 Chiswick Rd. Knoxville, TN 37922	Vice Board Chair	NA
28.6	Christopher Sawyer, MD	217 Jackson Hills Dr Maryville, TN 37804	Board Member	NA
28.7	Anne Swartz	1123 Anthem View Lane Knoxville, TN 37922	Board Member	NA